

CHATHAM COUNTY EMERGENCY OPERATIONS PLAN

WORKER HEALTH AND SAFETY SUPPORT ANNEX C

SEPTEMBER 2009

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FOREWORD

The Chatham Emergency Management Agency (CEMA) is dedicated to serving Chatham County before, during and after a disaster. CEMA understands and appreciates the dedication of supporting agencies in our Emergency Operations Center (EOC) during events of critical significance. CEMA has taken the appropriate measures to insure that all workers involved are aware of health and safety guidelines while working in the EOC.

This document will elaborate to an extent the regulations that need to be adhered to while working in the EOC. CEMA is a responsible agency for this Annex and will coordinate the provisions defined with supporting entities of the Chatham County Emergency Operations Plan.

This is an active document and CEMA acknowledges there will be additional issues identified dealing with Worker's Health and Safety. These issues when identified will be incorporated as needed, and when appropriate, into revised editions of this Annex.

Comments or question concerning this plan should be addressed to CEMA at (912) 201-4500.

Clayton S. Scott
Director

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ACRONYMS

AD	Assistant Director
CCDOF	Chatham County Department of Finance
CEMA	Chatham Emergency Management Agency
CERT	Community Emergency Response Team
CFR	Code of Federal Regulations
COMP	Compensation
DO	Duty Officer
EMA	Emergency Management Agency
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
GEMA	Georgia Emergency Management Agency
ICS	Incident Command System
MD	Medical Doctor
NGO	Non-Governmental Organization
NIMS	National Incident Management System
OSHA	Occupational Safety and Health Administration
OCGA	Official Code of Georgia
PPE	Personal Protective Equipment
RMD	Risk Management Division
UL	Unit Leader
USC	United States Code

DEFINITIONS

Agency: A division of government with a specific function offering a particular kind of assistance. In the Incident Command System, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance). Governmental organizations are most often in charge of an incident, though in certain circumstances private-sector organizations may be included. Additionally, nongovernmental organizations may be included to provide support.

Agency Administrator/Executive: The official responsible for administering policy for an agency or jurisdiction. An Agency Administrator/Executive (or other public official with jurisdictional responsibility for the incident) usually makes the decision to establish an Area Command.

Agency Representative: A person assigned by a primary, assisting, or cooperating Federal, State, tribal, or local government agency, or nongovernmental organization, that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency.

Finance/Administration Section: The Incident Command System Section responsible for all administrative and financial considerations surrounding an incident.

National Incident Management System (NIMS): A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

Nongovernmental Organization (NGO): An entity with an association that is based on interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross. NGOs, including voluntary and faith-based groups, provide relief services to sustain life, reduce physical and emotional distress, and promote the recovery of disaster victims. Often these groups provide specialized services that help individuals with disabilities. NGOs and voluntary organizations play a major role in assisting emergency managers before, during, and after an emergency.

Safety Officer: A member of the Command Staff responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency response personnel.

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I. INTRODUCTION

- A. Documentation of injuries during an Incident of Critical Significance is imperative. There are processes that are legally binding to the agency reporting the injury and to the responder of the event. Because the response and recovery process of an Incident of Critical Significance can be very tiresome, it is important to have guidelines to help prevent injury. And while injuries cannot be 100% avoidable, the process of filling out the official reports has to be done. This Annex defines that process.
- B. Worker health and safety is paramount in the management of any incident. This Annex defines the general policy to minimize the chances of injuries and illnesses emergency responders may be exposed to.

II. PURPOSE

- A. The Worker Health and Safety Annex provide guidelines for implementing worker health and safety support functions during potential or actual Incidents of Critical Significance.
- B. This Annex describes the actions needed to ensure threats to responder safety and health are anticipated, recognized, evaluated, and controlled consistently so that responders are properly protected during incident management operations.

III. SCOPE

- A. This Annex addresses those functions critical to supporting and facilitating the protection of worker safety and health for all emergency responders and response organizations during potential and actual Incidents of Critical Significance. While this Annex addresses coordination and provision of technical assistance for incident safety management activities, it does not address public health and safety.
- B. Coordination mechanisms and processes used to provide technical assistance for carrying out incident safety management activities include identification and characterization of incident hazards, assessments and analyses of health risks and exposures to responders, medical monitoring, and incident risk management.

IV. AUTHORITIES

- A. Federal
 - 1. 40 CFR 311-Protection of Environment-Worker Protection

2. Occupational Safety and Health Administration Act of 1970
- B. State
1. O.C.G.A. § 38-3-32 – Sovereign immunity granted those who allow premises to be used for emergency management purposes.
 2. O.C.G.A. § 38-3-33 – Immunity granted to those who provide equipment in emergencies.
 3. O.C.G.A. § 38-3-35 – Immunity of state and political subdivisions; of emergency management workers.
- C. Local
1. Chatham County Worker’s Compensation Policies
 2. Chatham County Code Book

V. **ASSUMPTIONS**

- A. This Annex will be managed through the Finance/Administration Section of the Emergency Operations Center (EOC) and will be coordinated by the Compensation/Claims Unit Leader (Comp/Claims UL).
- B. Private-sector and County employers are responsible for the safety and health of their own employees.
- C. Municipal governments are responsible for worker health and safety pursuant to State and local statutes, and in some cases 40 CFR 311, Worker Protection. This responsibility includes allocating sufficient resources for safety and health programs, training staff, purchasing protective clothing and equipment as needed, and correcting unsafe or unsanitary conditions.
- D. This Annex does not replace the primary responsibilities of the government and employers; rather, it ensures that in fulfilling these responsibilities, response organizations plan and prepare in a consistent manner and that interoperability is a primary consideration for worker safety and health.
- E. Several Federal and State agencies have oversight authority for responders and response operations. Private-sector responders plan prior to and during response operations to ensure the adequate protection of all workers.

- F. Worker safety and health representatives work with the EOC regarding the release of general occupational safety and health information.

VI. IMPLEMENTATION

- A. This Annex will be implemented during emergencies upon the recommendation of the Chatham Emergency Management Agency (CEMA) Director.
- B. CEMA will coordinate with the Chatham County Department of Finance (CCDOF) Risk Manager in order to make sure the proper individuals are aware of Worker Health and Safety Regulations, and the proper procedures related to injuries acquired while working during an emergency. This includes any work in the EOC.

VII. CONCEPT OF OPERATIONS

- A. General
 - 1. Comp/Claims UL will coordinate safety and health assets to provide proactive consideration of all potential hazards.
 - 2. Comp/Claims UL will include staff from the CCDOF and the Risk Management Division (RMD) and the Unit's responsibility will be to ensure availability and management of all safety resources needed by responders; share responder safety-related information; and coordinate safety related information among Federal, State, County and private-sector organizations involved in incident response.
- B. Pre-Incident Planning Guidance Development and Distribution
 - 1. The RMD of the CCDOF works with organizations to consolidate responder safety and health related guidance documents, regulations, and resources in one location. This information is provided to other agencies, responders, and public health departments and emergency management agencies.
 - 2. The RMD of the CCDOF works with other County organizations that develop and fund responder training to ensure their curricula are consistent in content and message for each level of responder (skilled support, operations level, etc.) and that they support the preparedness objectives listed in the National Incident Management System (NIMS).
 - a. Proactive Coordination of Technical Assets: The RMD of the CCDOF and other cooperating agencies develop and

disseminate an inventory of safety related resources available for response operations and collectively coordinate development of a strategy for their deployment.

- b. Prevention Guidance Development and Distribution: The RMD of the CCDOF coordinates with cooperating agencies to develop and disseminate information on the likely hazards associated with potential incidents and the preventive actions that can be taken to reduce or eliminate illnesses and injuries that may result from hazardous exposure.

C. Worker's Compensation

- 1. Chatham County's policy indicates that all injuries arising out of and in the course of employment should be reported by the employee to the immediate supervisor as soon as possible. A Chatham County Employee will need to follow the Chatham County Code and submit a First Report of Injury (see Appendix 2).
- 2. Any volunteers working in the EOC will need to report directly to their supervisor in the EOC. Volunteers should keep in mind that according to O.C.G.A. § 38-3-35, the Volunteer is responsible and liable should any injury occur during his/her involvement with EOC Operations. All Community Emergency Response Team (CERT) Volunteers have signed a release prior to joining CERT indicating that they are aware of this. However, a report should still be filled out so all incidences that occur in the EOC can be properly documented.
- 3. Any other employees working in the EOC with injuries will still fill out a first report, but will need to also report back to his/her agency and follow that particular agency's accident process. See Appendix 1 for Chatham County medical care facilities.

VIII. RESPONSIBILITIES

- A. CEMA Director: The CEMA Director provides for the overall command, direction and control regarding the response to and management of an event. He serves as the primary advisor to the County Commissioners and the County Manager to make emergency declarations, response, and recovery decisions. His role is to collect incident-related forecasts and/or information and relay information, along with his professional recommendations, to the local policy group for decisions and declarations. The Director serves as the EOC Manager, and has signature authority and responsibility to issues and/or requests through the County and the Georgia Emergency Management Agency (GEMA).

- B. CEMA Assistant Director: The CEMA Assistant Director (AD) provides the supervisory role in CEMA Operations. He takes recommendations from the CEMA Duty Officer (DO) and determines the need for response actions, EOC activations, and other CEMA functions through consultation with the CEMA Director. In the event activation of the EOC is ordered, the AD will make notifications to CEMA Staff and the GEMA Area V Field Coordinator. The AD's primary role in the EOC is to serve as the Operations Chief. He will take the responsibilities of the CEMA Director when required.
- C. CEMA Financial Administrator: The CEMA Financial Administrator will be involved with any reports of injury through the Comp/Claims UL. This position serves as the EOC Finance Administration Section Chief and works directly with the County and Municipal Finance Directors and serves as a conduit with GEMA and FEMA Public Assistance Representatives. The main role of the CEMA Financial Administrator is to make sure that CEMA is in compliance with all State and Federal regulations.
- D. Safety Officer Responsibilities:
 - 1. Develop and recommend measures for assuring personnel safety and to assess and/or anticipate hazardous and unsafe positions. Also, anticipate situations and problems before they occur; determine future requirements based upon the existing and forecast situation.
 - 2. Undertake site-specific occupational safety and health plan development and implementation, and ensure plans are coordinated and consistent among multiple sites as appropriate.
 - 3. Identify and assess health and safety hazards and characterizing the incident environment, to include continued monitoring of incident safety.
 - 4. Carry out responder personal exposure monitoring, including task specific exposure monitoring for:
 - a. Chemical and biological contaminants
 - b. Physical stressors (e.g., noise, heat/cold, ionizing radiation)
 - c. Providing responder medical surveillance and medical monitoring and, in conjunction with Department of Public Health, evaluating the need for longer term epidemiological medical monitoring and surveillance of responders

- d. Assessing responder safety and health resource needs and identifying sources for those assets
 - e. Developing, implementing, and monitoring an incident personal protective equipment (PPE) program, including the selection, use, and decontamination of PPE; implementation of a respiratory protection fit-test program; and distribution of PPE
 - f. Collecting and managing data (exposure data, accident/injury documentation, etc.) to facilitate consistent data-formatting and data-sharing among response organizations
 - g. Communicating with labor unions, contractors, and other organizations regarding responder safety and health issues
 - h. Coordinating and providing incident-specific responder training
 - i. Providing psychological first aid during and after incident response and recovery activities
 - j. Identifying, in coordination with Department of Public Health, appropriate immunization and prophylaxis for responders and recovery workers. As the coordinator for the Worker Safety, the RMD of the CCDOF facilitates resolution of any technical or other disputes among cooperating agencies regarding the actions described above. In the case of a dispute that cannot be resolved, the RMD of the CCDOF summarizes the disputed areas for presentation to the on-scene Safety Officer.
- 5. Provide occupational safety and health technical advice and support the on-scene safety officer and Coordination Group, if appropriate, at all incident sites.
 - 6. Participation in tactics and planning meetings are required.
 - 7. The Safety Officer has the right to exercise emergency authority to stop and prevent any unsafe acts, as well as investigate any accidents that have occurred within the incident area.
 - 8. Coordinate with the Comp/Claims Unit on personnel injury claims.
 - 9. Ensure that all Unit personnel have completed status check on equipment, facilities, and operational capabilities.

10. Identify and document risk and liability issues.
 11. The Safety Officer will coordinate with the Personnel Unit of the Logistics Section to ensure that training for personnel includes safety and hazard awareness and is in compliance with Occupational Safety and Health Association requirements.
- E. Comp/Claims Unit Leader (UL)
1. This position will be filled by staff through the RMD of the CCDOF.
 2. The Comp/Claims UL is responsible for the overall management and direction of all administrative matters pertaining to compensation for injury and claims related activities for an incident.
 3. Close coordination with the Medical unit is required, as well as being familiar with the medical plan.
 4. Comp/Claims UL will coordinate the activities of agencies that provide the core architecture for worker safety and health technical support during an Incident of Critical Significance or when otherwise directed.
- F. Risk Management Division of the Chatham County Department of Finance
1. CCDOF-RMD, as annex coordinator and worker health and safety coordinator, assists the on-scene Safety Officer by providing and coordinating technical support for responder safety and health.
 2. CCDOF-RMD resolves technical, procedural, and risk assessment conflicts, if necessary through formal recourse to the on-scene Safety Officer or Coordination Group, before they adversely affect the consistency and accuracy of the advice and information provided to responders, response organizations, and the Coordination Group.
 3. CCDOF-RMD is responsible for carrying out the policies identified in this annex. CCDOF-RMD implements a system to capture and manage incident exposure data in a centralized location to enable data sharing among agencies with a responder health and safety focus.

IX. ANNEX MANAGEMENT AND MAINTENANCE

- A. The County Emergency Management Agency (EMA) is the executive agent for Annex management and maintenance. This Annex and supporting documents will be updated periodically as required to incorporate new directives and changes based on lessons learned from exercises and actual events. This section establishes procedures for interim changes and full updates of the attachments.
- B. Types and Changes: Changes include additions of new or supplementary material and deletions. No proposed change should contradict or override authorities or other plans contained in statute, order, or regulation.
- C. Coordination and Approval: Any department or agency with assigned responsibilities within the Guide may propose a change to the plan. The County EMA is responsible for coordinating all proposed modifications to the Guide with primary agencies, support agencies and other stakeholders. The County EMA will coordinate review and approval for proposed modifications as required.
- D. Notice of Change: After coordination has been accomplished, including receipt of the necessary signed approval supporting the final change language, the County EMA will issue an official Notice of Change. The notice will specify the date, number, subject, purpose, background, and action required, and provide the change language on one or more numbered and dated insert pages that will replace the modified pages in the Guide. Once published, the modifications will be considered part of the Guide for operational purposes pending a formal revision and re-issuance of the entire document. Interim changes can be further modified or updated using the above process.
- E. Distribution: The County EMA will distribute the Notice of Change to all participating agencies. Notice of Change to other organizations will be provided upon request. Re-issuance of the Guide in its entirety or in part will take place as required. Working toward continuous improvement, the County EMA is responsible for a periodic review and update of the Guide to include related attachments, and a complete revision every four years (or more frequently if required by the County Commission). The review and update will consider lessons learned and best practices identified during exercises and responses to actual events, and incorporate new information technologies.

APPENDIX 1
CHATHAM COUNTY AUTHORIZED
MEDICAL CARE PROVIDERS

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***EOP / SUPPORT ANNEX C / APPENDIX 1
CHATHAM COUNTY AUTHORIZED MEDICAL CARE PROVIDERS***

A Chatham County employee is allowed to choose from the following for his/her medical care:

- A. Chatham Orthopedic Associates
4425 Paulsen St
Savannah, GA 31405
Phone: 912-355-6612

- B. Industrial Healthcare Services Inc.
7001 Hodgson Memorial Dr.
Suite 5
Savannah, GA 31406
Phone: 912-354-8056

- C. Orthopedic Center
4600 Waters Ave.
Savannah, GA 31404
Phone: 912-355-0140

- D. Neurological Institute of Savannah
4 Jackson Blvd
Savannah, GA 31405
Phone: 912-355-1010

- E. Industrial Medicine
1903 Abercorn St
Savannah, GA 31401
Phone: 912-232-5169

- F. Paul Bradley, MD
340 Eisenhower Dr.
Suite 1200
Savannah, GA 31406
Phone: 912-352-0777

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APPENDIX 2
CHATHAM COUNTY
FIRST REPORT OF INJURY FORM

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**WC-1 EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE
GEORGIA STATE BOARD OF WORKERS' COMPENSATION
EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE**

NOTE: FAILURE TO SUBMIT THIS REPORT TO INSURER IMMEDIATELY MAY RESULT IN PENALTY. MUST BE TYPED OR PRINTED IN BLACK INK.

Board Claim No.	Employee Last Name	Employee First Name	M.	Social Security Number	Date of Injury
A. IDENTIFYING INFORMATION					
EMPLOYEE		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	Phone Number	Employee E-mail
Address			City	State	Zip Code
EMPLOYER		Name	NAICS Code	Federal or Business Trade Taxpayers (NAICS)	
Address			Phone Number	Employer PER	
City		State	Zip Code	Employer E-mail	
INSURER / SELF-INSURER		Name	Individual Insurer PER	Individual Insurer PER #	
CLAIMS OFFICE		Name	General Office PER	Claims Office Phone	Claims Office E-mail
PER # (Per Se Claimant)		Address	City	State	Zip Code
EMPLOYMENT/WAGE		Date Hired by Employer	Job Class Led Code E.O.	Number of Days Worked Per Week	Wage (per 30 day pay period) Type of Payment: <input type="checkbox"/> per hour <input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month
Injury Type Code: <input type="checkbox"/> 1 - Trauma <input type="checkbox"/> 3 - Self-Insurer <input type="checkbox"/> 6 - Guarantee Fund		<input type="checkbox"/> Normally Scheduled Days Off			
INJURY/ILLNESS & MEDICAL		Time of Injury: <input type="checkbox"/> am <input type="checkbox"/> pm	County of Injury	Date Employer first knowledge of Initial Injury	Enter PER # (Self-employed) and date of Full Pay
Did Employee Receive Full Pay On Date of Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did Injury Occur While Employee's on Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Injury/Illness	
Body Part Affected		How long it took to get to nearest hospital/doctor/clinician			
Treating Physician (Name and Address)		Initial Treatment Costs: <input type="checkbox"/> None <input type="checkbox"/> Minor by Employee <input type="checkbox"/> Minor (Less than \$1000) <input type="checkbox"/> Moderate (\$1001 - \$5000) <input type="checkbox"/> Hospitalized > 3 Days	Hospital / Treating Facility (Name and Address)		Permanently Disabled Date: Resumed work through: per Week If Paid: Enter Complete Date of Last
Rec'd approval by (Print or Type)			Telephone Number	Date of Report	
B. INCOME BENEFITS Form WC-6 must be filed if weekly benefit is less than maximum					
Predictably Rec'd On: <input type="checkbox"/> Yes <input type="checkbox"/> No		Average Weekly Wage: \$ _____	Weekly benefit: \$ _____	Date of disability: _____	
Date of first Payment: _____		Compensation paid: \$ _____	or Date salary paid: _____	Penalty paid: \$ _____	
BENEFITS ARE PAYABLE FROM _____ FOR:					
<input type="checkbox"/> Temporary total disability <input type="checkbox"/> Temporary partial disability <input type="checkbox"/> Permanent partial disability or _____ % to _____ % for _____ weeks UNTIL _____ WHEN THE EMPLOYEE ACTUALLY RETURNED TO WORK WITHOUT RESTRICTIONS. ALL OTHER SUSPENSIONS REQUIRE THE FILING OF FORM WC-2 WITH THE STATE BOARD OF WORKERS' COMPENSATION AND THE EMPLOYER.					
C. NOTICE TO CONTROVERT PAYMENT OF COMPENSATION					
Cause to all not be paid because:					
D. MEDICAL ONLY INJURY <input type="checkbox"/> No disability paid or controverted					
Printed Name, Title, and Position (Print or Type)			Signature	Date	
Phone and Ext.		E-mail			

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-565-3818 OR 1-800-593-0682 OR VISIT <http://www.gdwc.georgia.gov>
WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFIT TO A CLAIM SUBJECT TO PROSECUTION AND TO PENALTY AS PROVIDED BY LAW.

WC-1 EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
NOTICE TO EMPLOYER**

1. Provide prompt medical attention; allow the employee to select a physician from your posted panel, and explain the panel to the employee.
2. Complete Section A of this form immediately upon your knowledge of an injury and send the WC-1 to your insurance company or self-insurer claims office. **FAILURE TO DO SO MAY RESULT IN A PENALTY.** Do not send this form to the State Board of Workers' Compensation.
3. If you need additional help, call your insurance company or self-insurer claims office.
4. Report serious injuries immediately by telephone to your insurer's claims department, then file this form with your insurance company or self-insurer claims office.

NOTICE TO INSURER / SELF-INSURER

1. Complete Section B, C, or D.
This form must be filed with the State Board of Workers' Compensation. A copy of both sides of this form must be sent to the claimant(s) and all counsel of record. Form W-5 must be filed if weekly benefits are less than the maximum.

NOTICE TO EMPLOYEE

1. This form is provided for your information only.

If Section B is completed, you will receive income benefits on a weekly basis and the employer will pay medical expenses from approved doctors. If you do not receive payment of benefits, or medical bills are not paid, call your employer or your employer's insurance company or self-insurer claims office.

If Section C is completed, your claim of injury has been denied by the employer/insurer. If you disagree with this denial, you must file a form WC-14, Notice of Claim, within one year of the accident with the **State Board of Workers' Compensation, 270 Peachtree Street N.W., Atlanta, Georgia 30303-1299.**

For Information or Assistance, contact:

STATE BOARD OF WORKERS' COMPENSATION

Toll Free Telephone: 1-800-533-0882

In Atlanta: (404) 656-3816

<http://www.sbwc.georgia.gov>

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3816 OR 1-800-533-0882 OR VISIT <http://www.sbwc.georgia.gov>
WE PUNISH MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS AS A CRIME SUBJECT TO PENALTIES OF UP TO 10 YEARS IN PRISON AND A FINE OF \$10,000.

WC-1

REVISION . 07/2007

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2 OF 2

EMPLOYER'S FIRST REPORT OF INJURY
OR OCCUPATIONAL DISEASE

APPENDIX 3
WORKER'S COMPENSATION MEDICAL
TREATMENT AUTHORIZATION FORM

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**EOP / SUPPORT ANNEX C / APPENDIX 3
 WORKER'S COMPENSATION MEDICAL TREATMENT AUTHORIZATION FORM**

**CHATHAM COUNTY
 WORKER'S COMPENSATION MEDICAL TREATMENT AUTHORIZATION**

Employee's Name: _____ Date of Injury: _____
 Social Security #: _____ Department: _____
 Treatment Authorized By: _____ Phone: _____
 Today's Date: ____/____/____ Time In: _____ Time Out: _____

INJURY STATUS REPORT

<u>Service Performed</u>	<u>Work Status</u>	<u>Modified Work Status</u>
<input type="checkbox"/> Initial Treatment	<input type="checkbox"/> Return to Work Date _____	<input type="checkbox"/> No Prolonged Walking/Standing
<input type="checkbox"/> Follow-up Visit	<input type="checkbox"/> Return Modified Work Date _____	<input type="checkbox"/> No Climbing, Bending, Stooping
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Unable to Return Until _____ (date)	<input type="checkbox"/> Limited Use of _____
<input type="checkbox"/> Lab	<input type="checkbox"/> Return follow-up (date) (time)	<input type="checkbox"/> No machinery work Lift Restrictions _____ (lbs)
<input type="checkbox"/> Admit to Hospital		<input type="checkbox"/> Other _____
<input type="checkbox"/> Physical Exam		
<input type="checkbox"/> Other _____		

PHYSICIAN'S STATEMENT

Diagnosis _____	Referral Information
Treatment _____	To Dr: _____
Comments _____	For: ___ Treatment ___ Consult
_____	Appointment Date and Time
_____	(date) _____ (time) _____
_____	To _____
_____	For: ___ X-ray ___ Lab
_____	___ Physical Therapy

Physician's Signature _____ Date _____ I understand and agree to the recommended follow-up instructions

Employee's Signature _____

Original: Employee return to supervisor
 Yellow : Employee's Copy
 Pink : Physician's Copy

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